

California's Child and Family Services Review System Improvement Plan	
County:	Placer
Responsible County Child Welfare Agency	Placer County Children's System of Care
Period of Plan	July 1, 2004-September 30, 2005
Period of Outcomes Data	Data provided by state for January, 2003
Date Submitted	September 30, 2004
County Contact Person for County System Improvement Plan	
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Placer County System Improvement Plan

Introduction

This document presents Placer County's System Improvement Plan for its Child Welfare System. Unique among California counties, Placer County administers child welfare services as an integral part of the Systems Management, Advocacy and Resource Team (SMART) Children's System of Care (CSOC). The system is governed by the multi-agency SMART Policy Board, consisting of the Chief Probation Officer, the Director of Health and Human Services, the Public Health Officer, and the Deputy Superintendent of Schools, and chaired by the Presiding Juvenile Court Judge. Within the traditional county departmental structure, child welfare services are located within the Health and Human Services (HHS) Department.

CSOC is a fully integrated, full-scale system which has provided a continuum of services including Child Welfare Services, Adoptions Services, Foster Care Licensing, Mental Health, Substance Abuse, Foster Care Eligibility, portions of Probation, Foster Youth Services, Alternative Education and elements of Community Health programs since 1988. It operates under the vision, "All children, adults and families in Placer County will be self-sufficient in keeping themselves, their children and their families safe, healthy, at home, in school/employed, out of trouble and economically stable." Its mission is to "ensure that all public programs for children and families will provide services in a comprehensive and integrated manner, regardless of the agency door by which families enter." All services are administered through integrated CSOC teams.

The Self-Assessment Process: Ensuring Community Involvement

In March, 2004, CSOC convened the 636/Accountability Work Team as part of its Cohort One CWS Redesign effort. The Team, composed of CSOC, probation and court staff, as well as representatives of community collaboratives, education, parents, providers, family resource centers and others (See Appendix A), was charged with developing the Self-Assessment Process and Systems Improvement Plan, as well as overseeing accountability efforts for CWS Redesign.

Methodology

The following methods were used to obtain data for the self-assessment:

- **Staff Focus Groups** - To obtain broad input on Placer's child welfare system, the 636 team invited all CSOC staff to participate in four focus groups, where each of the state and federal indicators was discussed.
- **Community Focus Groups** - Community partners hosted three 2-hour community focus groups, including a broad range of providers, educators, foster parents, youth and families involved in the CWS system. At each session, Family Resource Center and CWS staff provided information about Child Welfare Redesign, followed by small group discussion of the Placer County outcomes. Each small group was asked why they thought the data looked as it did, whether services provided by CWS were adequate, and how the outcomes could be improved. Additional input was gathered from a Spanish-speaking parent group and a parenting class composed of families involved in the system.
- **Research on Systemic Factors** - Accountability Team sub-committees comprised of CSOC staff and community members were assigned to research, analyze and recommend

improvements for each of the CWS systemic factors included in the Self-Assessment. The reports of each sub-committee was then discussed by the full team.

- ***Demographic and data analysis*** - CSOC analysts gathered and analyzed demographic and educational statistics regarding Placer County children and families; data on CWS families could not be disaggregated.

Finally, the Accountability work team re-convened to review all the information collected during the Self-Assessment, and to recommend areas for the Systems Improvement Plan.

Community Partners

In addition to the community focus groups convened for the Self-Assessment, the Self-Assessment and System Improvement Plan process involved input from the following key community partners:

- ***The Placer Collaborative Network***. Since 1994, The Placer Collaborative Network (PCN), including more than 260 representatives, has provided a community voice to promote, assess, plan, coordinate and evaluate collaborative efforts and partnerships to help children and families in Placer County reach their maximum potential as healthy, self-sufficient members of the community. Sharing the same vision as the SMART Policy Board and CSOC, PCN's purpose is to strengthen collaboration among public and private agencies through communication; coordinate community needs assessments; refine outcomes frameworks; provide technical assistance; and build capacity for collaboration within communities. PCN Representatives sit on the Leadership teams for the Self-Assessment, System Improvement Plan and CWS Redesign.
- ***Family Resource Centers*** – The six community-based family resource centers, located in Roseville, Auburn, Foresthill, Kings Beach, Lincoln, and Colfax, work in partnership with CSOC and other HHS agencies to provide prevention and early intervention services, coordinate service delivery, and reduce fragmentation and duplication. Family Resource Center directors sit on the Leadership teams for the Self-Assessment, System Improvement Plan and CWS Redesign, and hosted the three community focus groups and the Spanish-speaking group.
- ***Education*** – Representatives of the County Office of Education and local school districts participate on the Redesign Leadership and the Community Partnerships work teams, which sponsored the community focus groups. In addition, school leaders actively participated in the community focus groups.
- ***Independent Living Services*** for youth aging out of foster care is supported by a broadbased Transition Partnership, which provide services and support to youth preparing to leave the Child Welfare System. Whole Person Learning recruited current and former foster youth to participate in the Self-Assessment Focus groups.
- ***Boys and Girls Club*** – The Auburn Boys and Girls Club hosted and actively participated in the Auburn focus group. The Club's director also participates actively on the Community Partnerships Team.
- ***Domestic Violence*** – PEACE for Families and the Tahoe Women's Center, community based organizations and partner agencies which operate women's shelters and offer supportive services to families experiencing domestic violence, participated in the focus groups.

- ***Consumers-*** A Parent Involvement Coordinator (PIC) serves as a liaison between county and community based resources, as an advocate and mentor for parents, and as a participant and advisor on policy and planning committees. They recruited parent participants for the Self-Assessment focus groups.
- ***United Auburn Indian Community (UAIC)*** – The Social Services Administrator is involved in the Placer County CWS Redesign efforts as a member of both the Core Leadership Team and The Community Partnership Committees.

Key Findings from the Self-Assessment

Key findings from the Self-Assessment are listed below.

- 1.** The Placer County Children's System of Care integrated program and funding structure, multi-disciplinary service teams, and unified service plans enable the county to provide and fund a broader and deeper range of services to children and families involved in the Child Welfare System than other counties.
- 2.** Long term positive relationships, common missions, shared outcomes and joint efforts between CSOC and the Placer County Network and the Family Resource Centers have broadened the scope of public and private services and supports available to children and families.
- 3.** Placer County's relatively high rate of CWS referrals probably stems from the county's philosophy of preventing serious problems by providing services to high-risk families as early as possible, and to the county's substance abuse and domestic violence protocols.
- 4.** CWS county data provided by the State did not permit meaningful analysis. Because the data was not in a useable format, Placer County was unable to determine patterns and causes of key indicators such as recurrence of maltreatment or to ascertain the accuracy of the data, link data to individual children or disaggregate it by region, age, ethnicity or other criteria. Assistance will be needed from CDSS to obtain useable data.
- 5.** Placer County should improve its CWS safety and risk assessment to ensure consistency of application.
- 6.** CWS intake procedures should be expanded to identify and provide community-based services and supports to families who are at risk of abuse and neglect.
- 7.** There is inadequate involvement of families in case planning, which may lead to multiple placements, recurrence of maltreatment and re-entry to foster care.
- 8.** Public education about abuse and neglect, as well as bi-lingual, bi-cultural services should be increased, particularly for the Spanish-speaking population
- 9.** Monitoring and aftercare services for families who have been reunified should be improved and expanded to reduce recurrence of maltreatment and re-entry to foster care.
- 10.** Monitoring for families with Family Maintenance plans and those receiving voluntary services should also be expanded.

Summary Assessment

Outcome 1. Children are, first and foremost, protected from abuse and neglect.

Recurrence of Maltreatment – Indicators 1A and B

	Placer	Statewide Average
1A. Recurrence of maltreatment (Fed) <i>National Std < 6.1%</i>	12.6%	11.2%
1B. Recurrence of maltreatment within 12 months	16.3%	14.2%
1B. Recurrence of maltreatment within 12 months after <i>first</i> substantiated allegation	14.8%	12.9%

Placer County believes that the rate of recurrence of maltreatment for children in Placer County is too high, and should be reduced. For Indicator 1A, Placer's rates for recurrence of maltreatment are significantly higher than Federal Standard, but slightly lower than the statewide average. For 1B, Placer's rates were slightly higher than the statewide average. Among the entry cohort the rate of recurrence of abuse and neglect is on the decline but remains above the statewide average. Indicators 1A and 1B will be included in the System Improvement Plan.

While the county displays significant strength in offering a broad range of services through its multi-disciplinary teams and community partners, to families in and at risk of entering the CWS system, greater attention is needed to the following:

1. Analysis of data and case files to determine patterns and causes of recurrence of maltreatment. Because the raw data used to compile the report was not provided in a useable format, we cannot determine the accuracy of the data, link the data back to individual children or disaggregate it by region, age, ethnicity or other criteria. We are particularly concerned that address, zip code, and social worker contacts may be incorrect or misrepresented. Assistance will be needed from CDSS to obtain useable data.
2. Improvement in the safety and risk assessment to ensure consistency of application.
3. Expanded intake for families at risk of abuse and neglect, who will be referred to community partners.
4. Increased involvement of families in case planning.
5. Monitoring families after reunification, and offering appropriate after-care services to prevent new incidence of abuse and neglect.
6. Increased public education about abuse and neglect, as well as bi-lingual, bi-cultural services for the Spanish-speaking population.
7. Analysis of work- and case-loads for social workers.

Outcome 2. Children are maintained safely in their homes whenever possible and appropriate.

Rate of Recurrence of Abuse and/or Neglect in Homes Where Children Were Not Removed - Indicator 2A.

	Placer	Statewide Average
2A. Rate of recurrence of abuse/neglect in homes where children were not removed (no federal standard)	14.7%	9.5%

Placer's rate of recurrence of maltreatment where children were not removed, at 14.7%, is also too high. In addition to the strengths described above, Placer views its philosophy of keeping children at home when possible as an asset. Areas of improvement include the items listed for Indicators 1A and B, as well as closer monitoring of families with Family Maintenance plans and those receiving voluntary services. Indicator 2A will be included in the System Improvement Plan.

Rate of Child Abuse/Neglect Referrals with a Timely Response- Indicator 2B.

Placer County performs very well on this indicator, with 98.5% compliance with immediate response and 94.3% compliance with 10-day response. CSOC policies emphasize timely action, and staff follows through. An area of improvement includes quicker notification of new referrals on open cases from ACCESS to case managers. This indicator will not be included in the System Improvement Plan.

	Immediate Response Compliance		10 Day Response Compliance	
	Placer	Statewide Average	Placer	Statewide Average
2B. Percent of child abuse/ neglect referrals with a timely response (no federal standard)	98.5%	94.4%	94.3%	89.0%

Timely Social Worker Visits With Child - Indicator 2C

According to the data presented in the County Data Report, social workers are in compliance with requirements for visits between 62 and 74 percent of the time. Placer County has very serious concerns about the data, however, making it impossible to accurately assess the indicator. We believe that CWS/CMS reports for social work visits are based on inaccurate or inconsistent data provided by counties (See Systemic Factors Part A) In addition to improving the data, which will require DSS assistance, Placer county may also wish to review caseloads and staff training regarding visitation exceptions. This indicator will not be included in the System Improvement Plan.

	April 2003		May 2003		June 2003	
	Placer	State Average	Placer	Statewide Average	Placer	Statewide Average
2C. Timely social worker visits with child (no federal standard)	61.6%	66.6%	71.9%	69.3%	73.6%	72.2%

Outcome 3. Children have permanency and stability in their living situations without increasing reentry to foster care.

Length of Time to Exit Foster Care to Reunification - Indicators 3E and 3A

	Placer	Statewide Average
3E. % reunified within 12 months (Fed) <i>Federal standard: 76.2%</i>	82.5%	65.3%
3A. % reunified within 12 months (entry cohort)	59.1%	34.6%

Placer County's rates for reunification within a year are significantly higher than the federal standard and statewide averages. System strengths include close compliance with court and statutory timelines for reunification, and the depth and breadth of services offered by CSOC and its community partners. Areas of improvement include a careful analysis of data and case files to determine if relatively short timeframes for reunification are related to recurrence of maltreatment and re-entry to foster care. Raw, disaggregated data must be obtained from the State to determine if there are

differential rates by ethnicity, age, gender or region. In addition, foster families need more information about the various roles of CSOC staff. Finally, shelter care should be provided in Tahoe, and the number of foster homes increased countywide. This indicator will not be included in the System Improvement Plan.

Length of Time to Exit Foster Care to Adoption - Indicators 3D and 3A

	Placer	Statewide average
3D. % adopted within 24 months (Fed) Federal standard =32%	41.5%	23.6%
3A. % adopted within 24 months (entry cohort)	7.7%	5%

Placer County has a strong, effective adoptions system, and performs well on this indicator, with rates 9.5 percentage points higher than the federal standard and 18 percentage points higher than the statewide average for 3D, and 2.7 percentage points higher than the statewide average for 3A. System strengths include compliance with court and mandated deadlines, and an emphasis on concurrent planning and relative placement. Areas of improvement include recruitment of adoptive homes, particularly for flexible foster/adoptive homes and for ethnic families and those willing to adopt older children or children with multiple issues; and the need to designate specific CSOC staff, in addition to Placer Kids, to recruit foster/adoptive homes. This indicator will not be included in the System Improvement Plan.

Multiple Foster Care Placements - Indicators 3B and 3C

	Placer	Statewide Average
3B. % with 1-2 placements within 12 months (Federal std: 86.7%)	83.6%	83.9%
3C. % with 1-2 placements –if still in care at 12 months (entry cohort)	57.7%	63.2%

Placer County falls about 3 percentage points below the federal standard and 0.3 percentage points below the statewide average for Indicator 3B, and 5.5 percentage points below the statewide average for 3C. Within the past five years, rates of multiple placements fell, but have recently begun to rise again. In part, this is due to a county policy of placing most children in emergency shelter care for up to 30 days upon entry or re-entry to the system. Placer County has a higher rate of multiple placements than the federal standard and statewide average. System strengths include a public-private partnership dedicated to recruitment and support of foster/adoptive families, use of shelter care and the county's receiving home for emergency placement, a broad menu of training options for foster families, and a broad array of services available to support foster families. Three areas where improvement is needed are: involving families in placement decisions; reducing the average length of stay in shelter care, and increasing recruitment efforts. Relative placements should be more intensively pursued. More families are needed throughout the county so that children do not need to leave their neighborhoods and support systems. Ethnic and Spanish-speaking foster families are also needed, as well as families willing to foster children over ten and children with multiple issues. This indicator will not be included in the System Improvement Plan, although it will be addressed through participation in the Family to Family program.

Rate of Foster Care Re-Entry - Indicators 3F and 3G

	Placer	Statewide Average
3F. % of admissions who are re-entries (Fed) <i>Federal std - 8.6%</i>	16%	10.8%
3G. % who re-entered within 12 months of reunification (entry cohort reunified within 12 months)	22.6%	13.4%

Placer's rate of re-entry to foster care is higher than the federal standard and may be significantly higher than the state average. Although the service array and partnerships between the county and community partners are positive and productive, systems improvements cited for Indicators 1A and 1B improvements are needed. Greater attention must also be paid to providing services and support after reunification to prevent relapse, and possible inconsistencies between judges, commissioners and referees should be explored.

In addition, there are significant problems with the data provided from the State. Specifically, The California Child Welfare Services, Outcome & Accountability County Data Report (Welfare Supervised Caseload), Placer County, January 2004 used the cohort group from FY2000-01. Unfortunately, past data or trend data for this report uses calendar years. The inconsistency that occurs from crossing time periods for sampling information is significant. Indicators for re-entry to foster care will be included in the Systems Improvement Plan.

Outcome 4. The family relationships and connections of the children served by the CWS will be preserved, as appropriate.

Siblings Placed Together in Foster Care - Indicator 4A

	Placer	Statewide average
4A. Percent of children in foster care that are placed with ALL siblings (no federal standard)	49.4%	42%
4A. Percent of children in foster care that are placed with SOME siblings (no federal standard)	66.4%	66.4%

Placer County performs well in placing children with their siblings, placing almost half of children in care with all siblings, over seven percentage points higher than the statewide average. Placer places children with some siblings at the same rate as the statewide average. Family group placements are emphasized by both the courts and CSOC. The indicator could be further improved by greater intentional recruitment of families willing to foster and adopt sibling groups. This indicator will not be included in the Systems Improvement Plan.

Foster Care in Least Restrictive Settings – Indicator 4B

The total number of placements in all forms of care declined slightly from 433 in 1998 to 414 in 2003. The rate of placements with relatives and in group homes remained steady, while the percentage of children in shelter care and guardianships rose. Placement rates for foster families and FFA foster homes declined. Although the number of placements for all types of care has decreased over the passed five years, as noted above, Placer County needs to improve foster care recruitment, particularly for relative and foster homes. (See also Indicators 3B and 3C – Multiple Placements). This indicator will not be included in the Systems Improvement Plan.

	Initial Placement		Primary/Predominant Placement		Point in Time Placement	
	Placer	Statewide Average	Placer	Statewide Average	Placer	Statewide Average
4B. Relative	8.8%	16.1%	28.0%	33.9%	25.4%	33.7%
4B. Foster Home	23.9%	33.1%	11.2%	22.9%	10.1%	13.6%
4B. FFA	17.1%	28.0%	32.4%	30.1%	28.7%	22.2%
4B. Group/Shelter	49.0%	20.6%	22.4%	9.1%	14.3%	8.9%
4B. Other	1.2%	2.2%	6.0%	4.0%	21.5%	21.7%

Outcome 8. Youth emancipating from foster care are prepared to transition to adulthood.

Children Transitioning to Self-Sufficient Adulthood – Indicator 8A

Number of Children Transitioning to Self-Sufficient Adulthood (01-02) with:
(no federal or statewide comparisons)

8A. High School Diploma	27
8A. Enrolled in College/Higher Education	15
8A. Received ILP Services	165
8A. Completed Vocational Training	5
8A. Employed or other means of support	58

Placer County performs very well on this indicator. The county has a very strong Independent Living Program, focusing on one-to-one mentoring and guidance and the use of Transition Teams. Areas of improvement include lowering the age for participation in the program to 14, adding services in Tahoe, and offering a transitional housing program. This indicator will not be included in the System Improvement Plan.

AB 636/Accountability Team

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CWS Redesign
Child and Family Policy

Outcomes: <ol style="list-style-type: none"> Children are, first and foremost, protected from abuse and neglect 1A and 1B: Recurrence of Maltreatment Children are maintained safely in their homes whenever possible and appropriate 2A: Recurrence of abuse/neglect in homes where children were not removed. Children have permanency and stability in their living situations without increasing reentry to foster care. 3F and 3G: Rate of Foster Care Re-entry 					
County's Current Performance (based on Jan, 03 data included in Self-Assessment): Outcome 1: 1A: 12.6%; 1B 16.3% and 14.8%. Outcome 2: 2A: 14.7% Outcome 3: 3F: 13.0%; 3G: 22.6%					
Improvement Goals (Goals and strategies pertain to all three outcomes) 1.0 Reduce Maltreatment (1A, 1B,) by 1.2% in the next 24 months. 2.0 Reduce by 2% the rate of recurrence of maltreatment in homes where children have not been removed (2A) 3.0 Reduce by 2% the rate of re-entry to Foster Care after reunification or guardianship					
Strategy 1. 1 Implement Structured Decision Making (SDM) to improve consistency and reliability of safety and risk assessments.			Strategy Rationale Placer County's self-assessment showed that workers differ in their decision-making processes and criteria regarding leaving the children in the home or placing them in protective custody. Implementing SDM provides structured safety and risk assessments providing consistency and reliability.		
Milestone	1.1.1 Pre-Implementation Plan developed.	Timeframe (Completed by)	January 15, 2005	Assigned to	SDM Core Leadership Team (Including Director)
	1.1.2 ACCESS staff trained in SDM.		February 28, 2005		Staff Development and Regional Training Academy
	1.1.3 Implementation of SDM for ACCESS		March 30, 2005		ACCESS Program Manager and SDM implementation team
	1.1.4 All ACCESS staff correctly utilizing SDM.		September 30, 2005		Director, supervisors and managers will assure staff accountability to new SDM process

Strategy 1. 2 Monitor use of SDM tools and measure changes in decision making.		Strategy Rationale : To ensure staff have adopted the philosophy of SDM and are using the tools properly, to measure recurrence of maltreatment			
Milestone	1.2.1. ACCESS supervisors trained by Children’s Research Center in the use of the system for monitoring staff.	Timeframe (Completed by)	February 28, 2005	Assigned to	SDM Core Leadership Team and RTA
	1.2.2 Procedures developed and implemented for monitoring staff use of safety and risk assessment		July 31, 2005		SDM Implementation Team
	1.2.3 Supervisors report to Program Managers and Team on progress and successes.		September 30, 2005-September 30, 2006		SDM Manager and Director/Chief
Strategy 1. 3 Fully implement new differential response intake structure		Strategy Rationale Placer County needs a method of engagement that is individualized to families but provides standardized responses.			
Milestone	1.3.1 Social worker assigned to ACCESS intake to complete risk and safety assessments.	Timeframe (Completed by)	January 31, 2005	Assigned to	ACCESS Leadership Team and Director
	1.3.2 Differential response (Path assignments) implemented two days a week in South Placer office.		December 31, 2004		ACCESS Leadership Team and Partners
	1.3.3 Differential response fully implemented in South Placer office.		October 31, 2005		ACCESS Leadership Team and Partners
	1.3.4 All intake staff will use comprehensive intake tool developed by CDSS and Cohort 1 counties		6 months from the date received from the State		ACCESS Leadership Team and ACCESS
Systemic changes needed to Strategies 1.1-1.3. Consolidation of intake to one office (this would include all staff 24 hours per day, seven days per week). Data must be provided by the State in a form which can be disaggregated by age, ethnicity, gender and region.					
Educational/training needs (including technical assistance). SDM training for CWS and identified community partners (e.g., Family Resource Centers). Differential response training for CWS staff and community partners. Intake training for CWS/CMS, web SDM and other relevant documents.					
Identify roles of the other partners. Providing services to community for differential response. Identified partners completing SDM tools.					
Identify any needed regulatory or statutory changes. Increase referral status from 30 days to 60 days.					

Strategy 2. 1 Improve information about, and access to services/resources that meet the objectives of the families in reunification, in-home dependencies, or voluntary cases.		Strategy Rationale Ensuring timely referrals to providers that provide appropriate services which meet family objectives for a particular family will reduce the rate of recurrence of abuse/neglect.			
Milestone	2.1.1 Research completed regarding current practice of providing referral resource information to social workers and families	Timeframe (Completed by)	November 30, 2004	Assigned to	Program Managers/Supervisors
	2.1.2 Assessment completed of treatment methods among community and in-house service providers.		December 31, 2004		Directors, Program Managers, Supervisors
	2.1.3 Referral resource tool (asset map) completed, including treatment methods of service providers.		January 31, 2005		CWS Redesign Community Partnership Team
	2.1.4 Staff and community partners trained on use of asset map.		March 31, 2005		CWS Redesign Community Partnership Team
Strategy 2. 2 Ensure each family is meeting objectives prior to case closure and prior to return of children to the home.		Strategy Rationale Return of children and case closure prior to family meeting objectives can lead to recurrence of abuse/neglect			
Milestone	2.2.1.Research completed on current decision-making practices for return of children and case closure	Timeframe (Completed by)	December 31, 2004	Assigned to	Supervisors/County Counsel
	2.2.2 New procedures designed for case closure and for return of children		February 28, 2005		Supervisors/County Counsel
	2.2.3 Staff trained in new procedures		March 31, 2005		Supervisors
	2.2.4 New procedures fully implemented		June 30, 2005		Managers and supervisors

Strategy 2.3 Provide initial assessment and treatment planning for drug and alcohol services for family members of children ages 0-5 within 14 days of case opening, when indicated.		Strategy Rationale: Most recurrence of maltreatment is related to substance abuse. Timely, informed and impartial assessment of drug and alcohol issues will ensure appropriate services are provided to parents.			
Milestone	2.3.1 Staff designated to conduct assessment of family members of children 0-5.	Timeframe (Completed by)	January 31, 2005	Assigned to	Directors and Program Managers
	2.3.2 Protocol for assessment process developed, including timeline, transfer of information, assessment tool		March 31, 2005		Assessment Social worker/ Supervisors
	2.3.3 Staff trained on referral process, begin referrals when indicated		April 30, 2005		Supervisors, social workers
	2.3.4 New protocol implemented		June 30, 2005		Supervisors, social workers
	2.3.5 Family members in all cases with children 0-5 are assessed when indicated.		September 30, 2005		Supervisors, social workers
Strategy 2.4 Provide initial assessment and treatment planning for mental health/medication services for family members of children 0-5 within 14 days of case opening, when indicated		Strategy Rationale Need more timely assessments to assist families in accessing appropriate services. 90% of cases involve drug abuse and/or mental health issues.			
Milestone	2.4.1 Current practices reviewed for obtaining mental health/medication evaluations of family members of children 0-5	Timeframe (Completed by)	January 31, 2005	Assigned to	SOC Leadership Team
	2.4.2 Protocol, including timeline, transfer of information, assessment tool, developed for assessment of family members of children 0-5,		June 30, 2005		Staff and supervisors designated by ASOC/CSOC
	2.4.3 Staff trained on use of protocol		August 31, 2005		Staff and supervisors designated by ASOC/CSOC
	2.4.4 Protocol for assessment implemented		September 30, 2005		Staff and supervisors designated by ASOC/CSOC
	2.4.5 Family members in all cases with children 0-5 are assessed when indicated.		December 30, 2005		Staff and supervisors designated by ASOC/CSOC

Systemic changes needed to support Strategies 2.1-2.4

Develop agreements to use county medical clinic, behavioral health network providers.

Data must be provided by the State in a form which can be disaggregated by age, ethnicity, gender and region.

Describe educational/training needs (including technical assistance).

Train staff and community partners to use the asset map.

Train staff and community partners on protocols for mental health and drug and alcohol assessment.

Identify roles of the other partners.

Include community partners, C.S.O.C. in appropriate identification of client needs.

Involve ASOC in research implementation of Strategies 2.3 and 2.4.

Identify any needed regulatory or statutory changes.

Current statutory timelines for CWS case planning and service delivery may need to be adjusted to promote effective mental health and alcohol and drug treatment

Strategy 3. 1 Participate in Family to Family (F2F) Initiative		Strategy Rationale. Team-based case planning is not consistently practiced. Team decision-making will reduce re-entry to foster care.			
Milestone	3.1.1 Family to Family core team designated	Timeframe (Completed by)	July 31, 2004	Assigned to	CSOC Program Manager, Juvenile Probation Program Manager
	3.1.2 Staff oriented to the four core strategies of F2F, with particular emphasis on Team Decision-Making (TDM)		November 30, 2004		F2F Team
	3.1.3 F2F implementation plan completed		May 31, 2005		
	3.1.4 TDM implemented by CSOC and Probation in one targeted area of Placer County		June 30, 2005		F2F Team
	3.1.5 TDM plan implemented throughout county		July 31, 2006		F2F Team
Describe systemic changes needed to support Strategy 3.1. Assign Non-Related Legal Guardianship cases to Foster Youth Services staff. Identify one full-time TDM facilitator for first phase of implementation.					
Describe educational/training needs (including technical assistance). County mental health, CWS, and probation staff must be trained in TDM. Judiciary and community partners must become familiar with and actively support Family to Family.					
Identify roles of the other partners. Community partners must provide support to CWS system and families.					
Identify any needed regulatory or statutory changes. None identified.					

Systemic Factor: Case Review System: Parent-Child-Youth participation in case planning.					
County's Current Performance: Placer County has invested in the philosophy of Family Centered Service,by providing staff training, but the resources have not been available to put the training into practice.					
Improvement Goal 4.0 Twenty-five percent of family and youth will participate in creation of case plans prior to jurisdiction/disposition.					
Strategy 4. 1 Increase staff utilization of Family Team Meetings by updating Family Team Handbook and communicating policy regarding use of family focused case planning and need for increased participation by families in case planning.			Strategy Rationale Staff are inconsistent in their use of Family Team Meetings for creation of family focused, client-driven case planning.		
Milestone	4.1.1 Explore what other counties are doing and compare with our current handbook.	Timeframe (Completed)	November 30, 2004	Assigned to	Client/Family Relations Committee
	4.1.2 Necessary changes drafted to Family Team Handbook, including necessary policy changes.		January 31, 2005		Client/Family Relations Committee
	4.1.3 Handbook reviewed and accepted by supervisors, management team, SMART Policy Board, and other stakeholders (e.g., Dependency Court).		February 28, 2005		Client/Family Relations Committee and SMART Policy Board
	4.1.4. Family Team Meeting Facilitators are identified and trained.		February 28, 2005		Program Chief/Director
	4.1.5 Family Team Meetings used to create comprehensive family case plans, prior to jurisdiction/disposition hearings, on 25 % of cases where children are in protective custody and involved in dependency court.		March 1, 2005-September 30, 2005		Program Managers oversee but supervisors and staff will need to ensure meetings are held prior to Court hearings.
	4.1.6 Family Team Meetings used to create comprehensive family case plans on 25% of cases pending placement in Juvenile Probation.		March 1, 2005-September 30, 2005		Program Managers oversee but supervisors and staff will need to ensure meetings are held prior to placement.
Describe educational/training needs (including technical assistance) to achieve the improvement goals. Staff (internal and partners) will need to receive training to review policies and procedures regarding Family Team Handbook.					
Identify roles of the other partners in achieving the improvement goals. Staff training in the use of Family Team Meetings and the Family Team Handbook. Court personnel updated on utilization of Family Team Meetings to support clients in Family Centered Case Planning.					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. Increase case planning time in Division 31 Regulations to 60 days.					

Systemic Factor: Service Array: Appropriate services for targeted populations						
Current Performance: The self-assessment found that public information and client orientation were uneven, and that knowledge of the system was inadequate, particularly among the Spanish-speaking population.						
Improvement Goal 5						
Increase consumer awareness of the Child Welfare System						
Strategy 5. 1 Research and develop an orientation plan for families in the child welfare system			Strategy Rationale Increased public awareness of the child welfare system and services will engage the community in partnering with child welfare services and decrease incidences of maltreatment			
Milestone	5.1.1 Research completed on state and national curricula for CWS orientation		Timeframe (Completed by)	November 15, 2004	Assigned to	Progam Manager and stakeholder work group
	5.1.2 Curriculum options and recommendations presented for feedback and approval to supervisors and management team			December 15, 2004		Program Manager
	5.1.3 Final proposal for orientation curriculum presented for approval by SMART Policy Board			January 30, 2005		Program Manager
Strategy 5. 2 Adapt model curriculum to incorporate specific Placer County information.			Strategy Rationale The curriculum must accurately and concisely present Placer County information to consumers			
Milestone	5.2.1 Lesson plans adapted to Placer needs		Timeframe (Completed by)	February 28, 2005	Assigned to	Program Manager and stakeholder workgroup
	5.2.2 Orientation handbook developed in English and Spanish, including Placer information and addressing specific needs of Placer clients.			March 31, 2005		Program Manager and stakeholder workgroup
	5.2.3 Adoption of final curriculum by supervisors and management team			April 15, 2005		Program Manager

Strategy 5.3 Develop an implementation plan for the new orientation program, pilot and implement the program countywide.		Strategy Rationale The implementation process will involve staff and stakeholders to ensure the orientation is piloted and implemented countywide in the most effective manner and locations.			
Milestone	5.3.1 Staff and stakeholders are educated about the program and referral process	Timeframe (Completed by)	May 31, 2005	Assigned to	Program Manager and stakeholder workgroup
	5.3.2 Trainers are recruited and trained		May 31, 2005		Director/program chief/manager
	5.3.3 Logistics completed: handbook printed, locations scheduled, program advertised		June 30, 2005		Program Manager and stakeholder workgroup
	5.3.4. New orientation piloted		July 15, 2005		CWS social workers
	5.3.5 New orientation implemented countywide		September 30, 2005		Designated CWS staff

Improvement Goal 6.0 Increase community awareness of the child welfare system with attention to the bi-lingual, bi-cultural Latino community.

Strategy 6.1 Develop a community education curriculum for use in Placer County.

Strategy Rationale. In the Self-Assessment, we learned that many of the county's community partners, as well as the public at large, (particularly the Latino community), have limited knowledge about what constitutes abuse/neglect, how the CWS system works, and what services/programs the county offers through the child welfare system. Increased public awareness of the child welfare system and services will engage the community in partnering with child welfare services and decrease incidences of maltreatment. The engagement of partners and the community in this effort will be crucial to decreasing maltreatment.

Milestone	6.1.1 Sacramento County's Citizen's Academy curriculum obtained as a model for Placer County.	Timeframe (Completed by)	October 31, 2004	Assigned to	Program Manager
	6.1.2 Sacramento County's Citizen's Academy curriculum presented to supervisors, management team, policy board and partner agency staff for feedback		November 30, 2004		Program Manager and stakeholder workgroup
	6.1.3 Sacramento's Citizen's Academy curriculum presented to all staff at team meetings for feedback		December 31, 2004		Program Manager and stakeholder workgroup
	6.1.4 Citizen's Academy curriculum adapted to provide detailed information for Placer County residents.		February 15, 2005		Program Manager and stakeholder workgroup
	6.1.5 Placer County curriculum approved by supervisors, management team, policy board, stakeholders, and partner agency.		March 15, 2005		Program Manager and stakeholder workgroup
	6.1.6 Placer County curriculum presented to staff		April 30, 2005		Program Manager and stakeholder workgroup

Strategy 6.2 Develop implementation plan for community education in conjunction with partner agencies, with attention to the needs of the Latino bi-lingual, bi-cultural community			Strategy Rationale To meet the needs of both the Latino community and the community at large, programs must be provided in several locations and include Spanish translation.		
Milestone	6.2.1 A cross-section of presenters including bi-lingual, bi-cultural Latino staff, is identified and trained.	Timeframe (Completed by)	May 31, 2005	Assigned to	Director/chief/manager
	6.2.2 Logistics are completed: materials printed, locations scheduled, program advertised		May 31, 2005		Program Manager and stakeholder workgroup
	6.2.3 New curriculum piloted.		June 30, 2005		Manager/stakeholders/social workers
	6.2.4 New curriculum implemented countywide		September 30, 2005		Manager/stakeholders/social workers
Systemic changes needed to support improvement goals 5 and 6					
Recruit and hire bi-lingual, bi-cultural (Latino) staff to work in the Children’s System of Care (CWS).					
Describe educational/training needs (including technical assistance.					
Train facilitators for both programs. Continue to train social workers and parent partners.					
Identify roles of the other partners.					
Partner agency staff, (particularly the family resource centers), parent partners, attorneys, judges and youth will be involved in developing and presenting the two programs.					
Identify any needed regulatory or statutory changes.					
Attending the orientation program will be required for families involved with the child welfare system. This must be adopted by the court as part of the case plan and will require a change in casework practice.					

Systemic Factor: MIS System						
County's Current Performance: The self-assessment revealed that the indicator data from the state are inadequate. The current information consists of totals and percentages. The county needs information on individuals (with the appropriate demographics) to validate, cleanup and use the data to assist with planning.						
Improvement Goal 7.0 Obtain useful data from the State.						
Strategy 7. 1 Work with State Project office and Data workgroup to validate and understand the existing report criteria.			Strategy Rationale Validating and understanding the data is the basis of knowing which areas of CWS/CMS need attention (cleanup and training) as well as providing a basis for collecting additional information.			
Milestone	7.1.1 Logic and data fields included in Indicators are clarified.		Timeframe (Completed by)	December 31, 2004	Assigned to	MIS/ITT Team with the State CWS/CMS Project Office and CDSS.
	7.1.2 Placer County has the ability to create detailed data, on demand, via Business Objects reports.			June 30, 2005		MIS/ITT Team
Strategy 7. 2 Enhance query data fields to include specific information about clients. Placer County would like to be able to link data to individuals and identify (as well as aggregate) regions, ages, ethnicities, etc.			Strategy Rationale Additional information will help the county determine populations of clients that need additional assistance as well as develop information about statistical trends in particular types of clients.			
Milestone	7.2.1. Use Business Objects to add data fields to the validated queries in Milestone 1.1.2 to improve the usefulness of the reports.		Timeframe (Completed by)	July 31, 2005	Assigned to	MIS/ITT Team

Strategy 7. 3 Clean up missing or erroneous data in the CWS/CMS application.		Strategy Rationale More accurate data will provide better information for all interested parties.			
Milestone	7.3.1 At the county, run Business Objects reports from Milestone 1.1.2 and identify client information that needs to be enhanced or modified.	Timeframe (Completed by)	August 31,2005 (Ongoing process starting with completion of Milestone 1.1.2)	Assigned to	MIS/ITT Team
	7.3.2 County resources are committed to maintain high standards in data collection and entry.		August 31,2005		All levels of Management
Strategy 7.4 Aggregate data to fit Placer County needs.		Strategy Rationale The county will be able to focus on particular ‘pocket groups’ to use limited resources in the most effective way.			
Milestone	7.4.1 Trends and information of statistical significance are determined through work with data from Milestone 1.1.1.	Timeframe (Completed by)	September 30, 2005	Assigned to	Statisticians

Strategy 7.5 Provide ongoing training to reinforce policies and procedures related to CWS/CMS.		Strategy Rationale To maintain data integrity after cleanup effort.			
Milestone	7.5.1 Policies identified for data entry and procedures for using CWS/CMS at all levels.	Timeframe (Completed by)	September 30, 2005	Assigned to	MIS/ITT Team and Program Managers
	7.5.2 Training processes (small groups, one on one, paper, etc.) and training dates are identified.		October 31, 2005		MIS/ITT Team and Supervisors
Describe systemic changes needed to further support the improvement goal. The systemic changes needed at the county include reinforcement of the support of the CWS/CMS system by management, including a validation that the information that is put into the computer system has a significant value to the welfare of our clients. The State must provide data in a form that can be aggregated or disaggregated by age, ethnicity, region and gender.					
Describe educational/training needs (including technical assistance) 7. The most significant assistance needed to achieve these goals is for the State and Project offices to provide the ability for the county to create (and re-create) these reports as needed. The ability to get specific client information that validates the outcome statistics, and allows the county to get additional information about those clients, is the most important part of the effort.					
Identify roles of the other partners . The State and Project offices need to provide the County with the ability to run a report in Business Objects that produces data that validates the information in the outcomes reports.					
Identify any needed regulatory or statutory changes als. None.					